

114.3 CMR 12.00: FAMILY PLANNING SERVICES
Section

- 12.01: General Provisions
- 12.02: General Definitions
- 12.03: General Rate Provisions

12.01: General Provisions

(1) Scope and Effective Date. 114.3 CMR 12.00 shall govern the rates of payment by all governmental units to eligible providers which provide family planning services to publicly-aided patients on and after November 1, 2005.

(2) Disclaimer of Authorization of Services. 114.3 CMR 12.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 12.00. Governmental units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly-aided clients.

(3) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of Information or Administrative Bulletins. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT) and/or the Healthcare Common Procedure Coding System (HCPCS). The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and
- (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.

(3) Authority. 114.3 CMR 12.00 is adopted pursuant to M.G.L. c.118G

12.02: General Definitions

As used in 114.3 CMR 12.00, unless the context clearly otherwise requires, the following terms shall have the following meanings:

Comprehensive Family Planning Agency. A public or private agency that demonstrates the capability of providing family planning medical services, family planning counseling services, follow-up health care, outreach and community education.

Division. Division of Health Care Finance and Policy.

Eligible Provider. A family planning agency that meets the Conditions of Participation in 130 CMR 421.403.

Established Patient. A patient who has received professional services from the provider within the past three years.

Governmental Unit. The Commonwealth, any department, agency, board or commission of the Commonwealth and any political subdivision of the Commonwealth.

I.C. Individual Consideration. Providers will be reimbursed for the specified items at cost.

New Patient. A patient who has not received any professional services from the provider within the past three years.

Publicly-Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Separate Procedure. Some of the listed procedures are commonly performed as an integral part of a total service and as such do not warrant a separate identification or payment. When, however, such a procedure is performed independently of, and is not immediately related to other services, it may be listed separately in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

There are certain procedures designated as "(SP)" which are in addition to those procedures designated "separate procedure" by the AMA-CPT coding structure. These "(SP)" procedures were designated "Independent Procedures" (IP) in the former six-digit coding structure.

12.03: General Rate Provisions

(1) Reimbursement as Full Payment. Each eligible provider shall, as a condition of acceptance of payment made by the purchasing governmental unit for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Any third party payments or sliding fees received on behalf of a publicly assisted client shall reduce, by that amount, the purchasing governmental unit's payment for services rendered to the publicly assisted client.

(2) Rates. Subject to the conditions listed herein, rates of payment for authorized family planning services shall be the lower of:

- (a) the eligible provider's usual fee to the general public, or
- (b) the schedule of allowable fees listed below:

Visit Rates

Code	Allowable Fee	Description
<u>New Patient</u> 99201	\$29.34	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> - a problem focused history; - a problem focused examination; and - straight forward medical decision making. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99203	\$64.18	Office or other outpatient visit for the evaluation and management of a new patient which requires these three key components: <ul style="list-style-type: none"> - a detailed history, - a detailed examination, and - medical decision-making of low complexity (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99205	\$95.85	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: <ul style="list-style-type: none"> - a comprehensive history; - a comprehensive examination; and - medical decision making of high-complexity (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
<u>Established patient</u> 99211	\$29.34	Office or other outpatient visit that for the evaluation and management of an established patient, that may not require the presence of a physician. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99213	\$45.18	Office or other outpatient visit for the evaluation and management of an established patient, that requires at least two of these three key components: <ul style="list-style-type: none"> - an expanded problem focused history;

		<ul style="list-style-type: none"> - an expanded problem focused examination; - medical decision making of low complexity (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99215	\$83.18	Office or other outpatient visit for the evaluation and management of an established patient, that requires at least two of these three key components: <ul style="list-style-type: none"> - a comprehensive history; - a comprehensive examination; - medical decision making of high complexity. (In addition, visit includes counseling, anticipatory guidance, risk factor reduction, interventions, and the ordering of appropriate laboratory and diagnostic procedures.)
99402	\$36.29	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individual (separate procedure); approximately 30 minutes. (HIV – STD related)

Service Allowable Medical and Related Supplies:

Code	Allowable Fee	(applies to all agencies)
Birth Control Pills (per cycle) S4993	\$4.15	Oral contraceptives (birth control pills) actual cost up to maximum cost of \$4.15 per cycle.

All Other Medical and Related Supplies

S4989	I.C.	Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies.
A4261	I.C.	Cervical cap for contraceptive use
A4266	\$8.61	Diaphragm for contraceptive use (includes applicator and contraceptive cream or jelly)
A4267	\$0.17	Contraceptive Supply, condom, male, each
A4268	\$1.89	Contraceptive Supply, condom, female, each
A4269	\$3.62	Contraceptive Supply, spermicide (e.g., foam, gel), each (per tube or package) (includes contraceptive sponges)
J1055	I.C.	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg (use this code for Depo-Provera)
J1056	I.C.	Injection, medroxyprogesterone acetate/estradiol cypionate, 5mg/25mg (use this code for Lunelle monthly contraceptive)
J3490- FP	I.C.	Unclassified Drugs (service provided as part of a Medicaid family planning program) (may be used by other governmental purchasers of family planning

		services)
J7303	I.C.	Contraceptive supply, hormone containing vaginal ring, each
J7304	I.C.	Contraceptive supply, hormone containing patch, each

Medical and Surgical Procedures: (applies to all agencies)

11975	\$166.09+	Insertion, implantable contraceptive capsules (\$166.09 plus the unit cost of the device to the provider).
11976	\$106.47	Removal, implantable contraceptive capsules.
11977	\$189.51+	Removal with reinsertion, implantable contraceptive capsules (\$189.51 plus the unit cost of the device to the provider).

Other Family Planning Services. The rates of payment for other family planning services that are authorized by the purchasing governmental unit, such as surgery and clinical laboratory, shall be based on the applicable Division regulation.

12.04: Severability of Provisions of 114.3 CMR 12.00

The provisions of 114.3 CMR 12.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

114.3 CMR 12.00: M.G.L. c.118G.